

ORDER FOR SUPPLIES OR SERVICES

PAGE 1 OF 3

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER 08/17/2004		2. CONTRACT NO. (If any) DTMA8C00020		6. SHIP TO: Timothy Cogan	
3. ORDER NO. KEY26W04022		4. REQUISITION/REFERENCE NO. PRW R0400322		a. NAME OF CONSIGNEE DOT/Maritime Administration, WR Operations	
5. ISSUING OFFICE (Address correspondence to) DOT/Maritime Administration, WR Acquisition 201 Mission Street, Suite 2200 San Francisco CA 94105-1905				b. STREET ADDRESS CAPE ORLANDO	
				c. CITY SAN FRANCISCO	d. STATE CA
				e. ZIP CODE 94105	
7. TO: a. NAME OF CONTRACTOR Mr. Louis Cavaliere				f. SHIP VIA	
b. COMPANY NAME KEYSTONE SHIPPING SERVICES INC				8. TYPE OF ORDER	
c. STREET ADDRESS SUITE 600-ONE BALA PLAZA EAST				<input type="checkbox"/> a. PURCHASE REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
d. CITY Bala Cynwyd		e. STATE PA		<input type="checkbox"/> b. DELIVERY - Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
f. ZIP CODE 19004-1496					
9. ACCOUNTING AND APPROPRIATION DATA - 04 - X303 - 9 - 04 - 93 - - 22ORLR - 4100 - - 254S - - 0493 - 0043M - - -				10. REQUISITIONING OFFICE DOT/Maritime Administration, Western Region	

11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input checked="" type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED							
12. F.O.B. POINT Destination		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 12/31/2004		16. DISCOUNT TERMS 10 days % 20 days % 30 days % days %	
13. PLACE OF							
a. INSPECTION		b. ACCEPTANCE					

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)		QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	SEE LINE ITEM DETAIL						
SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.				17(h) TOT. (Cont. pages)
	21. MAIL INVOICE TO:Ms. Susan Wong						
	a. NAME DOT/Maritime Administration, WR Finance						
	b. STREET ADDRESS (or P.O. Box) 201 Mission St, Suite 2200				\$2,321,460.00	17(i) GRAND TOTAL	
	c. CITY San Francisco		d. STATE CA	e. ZIP CODE 94105			

22. UNITED STATES OF AMERICA BY (Signature) <i>James D. Barth</i>		23. NAME (Typed) James D. Barth TITLE: CONTRACTING/ORDERING OFFICER	
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NSN 7540-01-152-8083 Previous edition not usable

OPTIONAL FORM 347 (REV. 6/95)
Prescribed by GSA/FAR 48 CFR 53.213(e)

PAGE NO. 2 of 3

If desired, this order (or a copy thereof) may be used by the Contractor as the Contractor's invoice, instead of a separate invoice, provided the following statement, (signed and dated) is on (or attached to) the order: "Payment is requested in the amount of \$_____. No other invoice will be submitted." However, if the Contractor wishes to submit an invoice, the following information must be provided; contract number (if any), order number, item number(s), description of supplies or service, sizes, quantities, unit prices, and extended totals. Prepaid shipping costs will be indicated as a separate item on the invoice. Where shipping costs exceed \$10 (except for parcel post), the billing must be supported by a bill of lading or receipt. When several orders are invoiced to an ordering activity during the same billing period, consolidated periodic billings are encouraged.

RECEIVING REPORT

Quantity in the "Quantity Accepted" column on the face of this order has been: ☐ inspected, ☐ accepted, ☐ received,
by me and conforms to contract. Items listed below have been rejected for the reasons indicated.

SHIPMENT NUMBER	PARTIAL		DATE RECEIVED	SIGNATURE OF AUTHORIZED U.S. GOV'T REP.	DATE
	FINAL				
TOTAL CONTAINERS		GROSS WEIGHT	RECEIVED AT	TITLE	

REPORT OF REJECTIONS

[illegible]

**ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

PAGE NO.
3 of 3

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

DATE OF ORDER 08/17/2004		CONTRACT NO. DTMA8C00020		ORDER NO. KEY26W04022		
ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>CAPE ORLANDO CLIN 5002AL GRP 26</p> <p>CLIN 5002AL CAPE ORLANDO GRP 26 Reimbursable Items</p> <hr/> <p>FUNDING TO FURNISH LABOR, MATERIAL, SERVICES, AND OWN STAFF AS DIRECTED TO OPERATE THE VESSEL FOR OIF III IN ACCORDANCE WITH THE SHIP MANAGER CONTRACT OPERATION PLAN.</p> <p>THIS FUNDING DOCUMENT IS YOUR AUTHORIZATION TO ISSUE SUBCONTRACTS, USING YOUR SMALL PURCHASE PROCUREMENT PROCEDURES.</p> <p>THE WORK/SERVICES AUTHORIZED HEREIN SHALL BE ACCOMPLISHED UTILIZING THE SHIP MANAGER'S OWN WORK FORCE.</p> <p><i>Delivery Date Start Date End Date</i> 12/31/2004 08/14/2004 12/31/2004</p> <p>Reference Requisition: PRWR0400322</p> <p><i>Electronic DISTRIBUTION:</i> 4400 S Wong, 4700 C Johnston/T. Cogan; Ship Manager</p> <hr/>	1.00	JOB	2,321,460.000	2,321,460.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ➡ \$2,321,460.00